IPDR6702				NORTH CAROLINA		96.	AGE: 1	
	: 10/15/2007		I	NORTH CAROLINA PRS CHECKWRITE SUMMARY REPORT		P.	ng£: 1	
				CHECKWRITE DATE: 10/16/2007				
	1			FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8535	31	SERVICE FACILITY LOCATION WAS				
	H/DD/SAS			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		237	1	TOTAL BILLED DOES NOT EQUAL TH				
		237	-	E SUM OF DETAILS BILLED.		0 32	32	0
3404904	WESTERN HIGHLAN	5404	134	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
	DS LME			01/10025/100/200/102				
		8599	37	DETAIL NOT COVERED BY COMBINAT		0 368	13507	13139
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	30	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
		+		FOR ADDITIONAL SERVICE.		+		
3404910	PATHWAYS	8533	176	SERVICE FACILITY LOCATION CANN				
				OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.			-	
		8599	137	DETAIL NOT COVERED BY COMBINAT		0 506	6111	5605
		1	-	ION OF RECIPIENT, PROVIDER AND		506	9111	5005
				BENEFIT PACKAGE.				
		11		ar rown was by rayby a an approximation				
		11	44	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM	8599	146	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8534	72	SERVICE FACILITY LOCATION IS N		0 241	1746	1505
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PLEASE VERIFY THE F				
		191	15	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	8505	2525	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	201	FURTHER PROCESSING NECESSARY,				
		8800	764	PLEASE CHECK FOR CLAIM ON		4 3715	3727	12
				FUTURE RA'S.				
		8534	254	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
		_		OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				1
		+						
3404916	CROSSROADS BEHA	8505	220	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		+						-
		8534	96	SERVICE FACILITY LOCATION IS N		0 447	2695	2248
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
								1
		8800	55	FURTHER PROCESSING NECESSARY,				
		8800	55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
		8800	55					
2404027				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404917	CENTERPOINT HUM	8800	55	PLEASE CHECK FOR CLAIM ON				
3404917	CENTERPOINT HUM AN SERVICES			PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION IS N				
3404917		8534	89	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404917				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  DETAIL NOT COVERED BY COMBINAT		0 223	3994	3771
3404917		8534	89	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		0 223	3994	3771
3404917		8534	89	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  DETAIL NOT COVERED BY COMBINAT		0 223	3994	3771
3404917		8534	89	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  TOTAL BILLED DOES NOT EQUAL TH		0 223	3994	3771
3404917		8534 8599	89	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		0 223	3994	3771

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	1735	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	289	FURTHER PROCESSING NECESSARY,				
		0000	1207	PLEASE CHECK FOR CLAIM ON	0	2089	2211	122
			+	FUTURE RA'S.				
			+					
		8952	26	CLAIM DENIED DUE TO AGE RESTRI				
			+	CTIONS FOR TARGET POPULATION				
3404920	ALAMANCE CASWEL	8534	42	SERVICE FACILITY LOCATION IS N				
	L AREA MH D			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		237	2	TOTAL BILLED DOES NOT EQUAL TH	0	44	44	0
				E SUM OF DETAILS BILLED.				
2404001		0524	115	CORPUTADO DE CALLEDO A CORPUTADO A CALLEDO A C				
3404921	ORANGE PERSON C	8534	115	SERVICE FACILITY LOCATION IS N				
	HATHAM AREA			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8535	61	SERVICE FACILITY LOCATION WAS				
			+	NOT SUBMITTED ON THIS CLAIM.	0	351	7819	7468
		+	+	PLEASE RESUBMIT THE CLAIM WITH	<b>—</b>			
		+	+	January Halli	<del> </del>		<del>                                     </del>	
		120	45	CLIENT ID NUMBER MISSING OR IN	<del>                                     </del>		<del>                                     </del>	
			+	VALID. ENTER CID AND SUBMIT	<u> </u>		<del>                                     </del>	
		+	+	AS A NEW CLAIM	<del> </del>		<del>                                     </del>	
			+					
3404922	THE DURHAM CENT	8800	362	FURTHER PROCESSING NECESSARY,				
	ER		+	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	83	DETAIL NOT COVERED BY COMBINAT	0	594	13840	13246
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			1	
		8534	61	SERVICE FACILITY LOCATION IS N			1	
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404923	FIVE COUNTY MH	8505	974	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	62	FURTHER PROCESSING NECESSARY,				
		0000	02	PLEASE CHECK FOR CLAIM ON	0	1130	1348	218
				FUTURE RA'S.				
			+	FOTORE RA S.				
		8599	27	DETAIL NOT COVERED BY COMBINAT				
			+	ION OF RECIPIENT, PROVIDER AND				
			+	BENEFIT PACKAGE.				
			+					
3404925								
	CANDULT I C. ORNIDR	8505	18510	CLAIM DENIED DUE TO INSUFFICIE				
3404925	SANDHILLS CENTE	8505	18510	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404923	SANDHILLS CENTE R FOR MH/DD	8505	18510					
3404925		8505	18510					
3404925		8505 8800	18510 872		9	19971	20228	257
3404925				NT BUDGET	9	19971	20228	257
3404925				NT BUDGET  FURTHER PROCESSING NECESSARY,	9	19971	20228	257
3404923				NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON	9	19971	20228	257
3404723				NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON	9	19971	20228	257
3404923		8800	872	NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	9	19971	20228	257
3404923		8800	872	NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	9	19971	20228	257
		8800	872	NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM	9	19971	20228	257
3404926		8800	872	NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	9	19971	20228	257
	R FOR MH/DD	8800	872	NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM	9	19971	20228	257
	R FOR MH/DD	8800	872	NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM	9	19971	20228	257
	R FOR MH/DD	21	231	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD	8800	872	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM	9	19971		
	R FOR MH/DD	21	231	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD	21	231	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD	21 21 21 8599	231	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	R FOR MH/DD	21	231	NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD	21 21 21 8599	231	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECTAILT COMBINATION IS NOT				
	R FOR MH/DD	21 21 21 8599	231	NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP				
3404926	R FOR MH//DD  SOUTHEASTERN RE G MENTAL HL	21 21 21 8599	231 231 1467 827	NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	21 21 21 8599	231	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECTAILT COMBINATION IS NOT				
3404926	R FOR MH//DD  SOUTHEASTERN RE G MENTAL HL	21 21 21 8599	231 231 1467 827	NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	21 21 21 8599	231 231 1467 827	NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	21 21 21 8599	231 2467 2467 257	TURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ENTERT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECTALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DUPLICATE OF CLAIM-SYSTEM	274	5206	8901	3695
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	21 21 21 8599	231 231 1467 827	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DUPLICATE OF CLAIM-SYSTEM				
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	21 21 21 8599	231 2467 2467 257	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND	274	5206	8901	3695
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	21 21 21 8599	231 2467 2467 257	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DUPLICATE OF CLAIM-SYSTEM	274	5206	8901	3695
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8800 21 21 21 8599 8536	231 2467 2467 257	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	274	5206	8901	3695
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	21 21 21 8599	872 231 1467 827 665	NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE FACILITY LOCATION IS N	274	5206	8901	3695
3404926	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8800 21 21 21 8599 8536	872 231 1467 827 665	PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	274	5206	8901	3695

Per				I	T			TOTAL	TOTAL
MANUAL   M	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		
	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				
MATERIAL									
	3404930		237	1					
1981   1982		MNTL HLTHC			E SUM OF DETAILS BILLED.				
1981   1982									
2001   100			0	0		0	1	1	0
MARCH OF CASE							-	_	
Milete of									
	3404931		8536	113					
1906   1906		BILLING OF							
					VALID FOR SUBMITTED BILLING PR				
	-		0500	F.0	DEMATI NOW COVEDED BY COMPINSM				
	-		0399	39		27	318	3349	3031
1975   1975									
NOTINE COLOR   1982									
14-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-			8931	26	AMTNC INELIGIBLE TO RECEIVE SE				
NOW STOOL					RVICES IN IPRS.				
NOW STOOL									
NOW STOOL									
	3404933		8536	757					
140   150	-	R FOR MH/DD							
					VALID FOR SUBMITTED BILLING PR				
			8599	151	DETAIL NOT COVERED BY COMBINAT	0	1105	9407	7302
MARCHE   M			1			0	1105	0407	7302
14914   1495   151			191	104					
SEAN SEAL					H PATIENT NAME				
SEAN SEAL									
SEAN SEAL	3404034		0505	421	OLATM DENTED DIE DO THOMBSON				
100   100	3404934		0005	#21					
		BEHAV HEAL	1		ar sosser				
			8535	104	SERVICE FACILITY LOCATION WAS	0	909	1745	836
1					NOT SUBMITTED ON THIS CLAIM.	_			
					PLEASE RESUBMIT THE CLAIM WITH				
140935   NAME CO MENTAL   0			11	76					
MEALTH CEK					DATE				
MEALTH CEK	-								
MEALTH CEK	3404935	UNIDED GO MINIMA	n	n	*** NO DATA TO PEDORT ***				
	3101333				NO DATA TO REPORT				
1604936   NE BRACON CENT   0   0   0   NE NO DATA TO REPORT ***		HEADIN CIK							
1604936   NE BRACON CENT   0   0   0   NE NO DATA TO REPORT ***									
BE			0	0		0	0	0	0
BE									
BE									
	3404936		0	0	*** NO DATA TO REPORT ***				
1404937   THE BEACON CENT   9534   3   SERVICE FACILITY LOCATION IS N	-	ER							
1404937   THE BEACON CENT   9534   3   SERVICE FACILITY LOCATION IS N	<b></b>								
1809-97   THE BRACON CENT			0	0		0	0	0	0
ER   OT A VALID IPER ATTENDING						0	0	0	U
ER   OT A VALID IPER ATTENDING									
	3404937	THE BEACON CENT	8534	3	SERVICE FACILITY LOCATION IS N				
1404939   EAST CAROLINA B   8505   838   CLAIM DENIED DUE TO INSUFFICIE					PROVIDER. PLEASE VERIFY THE F			-	
1404939   EAST CAROLINA B   8505   838   CLAIM DENIED DUE TO INSUFFICIE	<b></b>		21	2	DUDI TOMBE OF OTATA OVONDA				
ERAVIORAL H  SEAVIORAL H  NT BUDGET  NT BUDG			21	2	DUPLICATE OF CLAIM-SYSTEM	0	5	2768	2763
ERAVIORAL H  SEAVIORAL H  NT BUDGET  NT BUDG			1						
ERAVIORAL H  SEAVIORAL H  NT BUDGET  NT BUDG									
ERAVIORAL H  ERAVIORAL H  ERAVIORAL H  NT BUDGET  NT BU	3404939	EAST CAROLINA B	8505	838	CLAIM DENIED DUE TO INSUFFICIE				<del>                                     </del>
Service   Serv					NT BUDGET				
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND			0500	222	DOWN AND GOLDEN				
SENEFIT PACKAGE.	<b></b>		8599	220		0	1287	4532	3245
Service Facility Location is N			1						
OT A VALID IPRS ATTENDING			-						
OT A VALID IPRS ATTENDING			8534	70	SERVICE FACILITY LOCATION IS N				
PROVIDER. PLEASE VERIFY THE F									
EHAVIORAL H									
EHAVIORAL H									
	3404941		0	0	*** NO DATA TO REPORT ***				
### 1	<b></b>	EHAVIORAL H	1						igwdown
### 1			1						
### 1			0	0		-	-	-	_
EHAVIORAL H			-	-		0	0	0	0
EHAVIORAL H									
EHAVIORAL H	3404942	EAST CAROLINA R	0	0	*** NO DATA TO REPORT ***				<del>                                     </del>
Company									
-									
TOTAL TOTAL									
			0	0		0	0	0	0
								-	
	<b></b>								igsquare
	-		1						
PROVIDER HIGH DENIAL NUMBER OF THE TOTAL CLAIMS CLAIMS	PROVIDED		HIGH DENIAL	NUMBER OF		man	moma r		TOTAL

NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	120	156	CLIENT ID NUMBER MISSING OR IN				
	L HEALTH CE			VALID. ENTER CID AND SUBMIT				
	·			AS A NEW CLAIM				
		8599	55	DETAIL NOT COVERED BY COMBINAT		1 280	1039	759
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	38	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8534	49	SERVICE FACILITY LOCATION IS N				
	N SERVICES			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8622	24	60 RESIDENTIAL LEVEL II TREATM		0 85	1229	1144
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8505	10	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404946	FOOTHILLS AREAM	8599	27	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	19	DIAGNOSIS CODE MISSING OR INVA		0 76	4107	4031
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB		1		
						1		<b>—</b>
		79	17	THIS SERVICE IS NOT PAYABLE TO		1		
				YOUR SUBMITTED BILLING				<b>—</b>
				PROVIDER TYPE AND SPECIALTY IN				<del>                                     </del>